	The Johns Hopkins Hospital Corporate and Administrative Policy Manual Administration	<i>Policy Number</i>	ADM019	
		<i>Effective Date</i>		
		<i>Approval Date</i>	N/A	
	<i>Subject</i>	Student Observer of Clinical Care	<i>Page</i>	1 of 4
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Keywords: clinical experience, student, observational experience, share time, volunteer, shadow time, unit visit

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I. OBJECTIVES AND POLICY HIGHLIGHTS

The purpose of this policy is to establish a process for clinical observerships at The Johns Hopkins Hospital by students interested in the healthcare industry. The intention of student observerships is for educational purposes only.

II. INDICATION FOR USE AND EXCLUSIONS


- A. This policy applies when a student observer requests an observership experience with a sponsoring clinician/designee, not to exceed 2 weeks or 80 hours total over the course of one academic semester.
- B. This policy is not indicated for:
 1. Job shopping
 2. Student clinical placements or practicums
 3. Observations lasting longer than 2 weeks or 80 hours. For observation longer than 2 weeks or 80 hours, contact the Volunteer Office in Carnegie 173

III. DEFINITIONS

Student Observer	A student interested in the healthcare industry who will be watching patient care for educational purposes, but not subject to a written contract. Students must be 16 years of age or older. Students under the age of 18 years must provide a signed parental consent form (See Appendix C).
Observation Time	A limited period of time not to exceed 2 weeks or 80 hours over one academic semester.
Sponsoring Clinician/ Designee	The individual who acts as a host to the observer and is responsible for the observer's conduct. The sponsor must be a current employee of JHU or JHH. They are responsible for making sure that the student observer completes the required paperwork and follows JHH policies and procedures.

IV. RESPONSIBILITIES


- A. Sponsoring Clinician/Designee:

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1. Approves student observations at own discretion and completes the Student Observership Sponsor Form (See appendix A)
 2. Obtains signature on Confidentiality Pledge for Visitors and maintains form **in department on unit** per HIPAA office policy (See appendix B)
 3. Provides student observer with required Student Observer of Clinical Care Packet prior to beginning observation (Appendix C)
 4. Assures completion and storage of required documentation as determined by department
 5. Provides a safe and educational clinical observation for student, assuring that student has no physical contact with patients
 6. Introduces student to all patients as either a "student observer" or "observer" **and obtains verbal permission from the patient to allow the student observer to be present**
 7. Assures student observer is always accompanied by a sponsoring clinician/designee **while in a clinical area**
 8. Provides any additional training associated with patients, hazardous materials, dangerous equipment, or exposure to animals
 9. Notifies department administrator of the observation
 10. Complies with hospital and clinical policies which may prohibit visitors from accessing certain patient care areas
- B. Student Observer:
1. Signs Confidentiality Pledge for Visitors (Appendix B)
 2. Completes required documentation in the Student Observership of Clinical Care Packet and returns to sponsoring clinician/designee (Appendix C)
 3. Abides by expectations set forth in this policy
 4. Has no physical contact with patients
 5. Is accompanied by a JHH or JHU employee at all times while in any clinical area

V. PROCEDURE

- A. General Information:
1. Student observers are not issued employee ID badges or keys
 2. The hosting department for the sponsoring faculty/designee is responsible for issuing a "Student Observer" badge which is worn by the student observer at all times while on campus
 3. Student observers shall not:
 - a. Have physical contact with patients
 - b. Be given access to electronic medical records systems
 - c. Be issued a JHED ID
 4. Patients have the right to refuse to have a student observer present during examinations and discussions. If a patient refuses to permit a student observer to be present during examinations and discussions, that request must be honored
- B. Prior to beginning student observership, the sponsoring clinician/designee shall:
1. Complete the Student Observership Sponsor Form (Appendix A) and file per departmental requirements
 2. Inform student about required documentation prior to starting observership and provide requesting student with:
 1. Confidentiality Pledge for Visitors (Appendix B)
 2. Student Observer of Clinical Care Packet (Appendix C)
 3. Determine the type of student observation to be provided and obtains necessary approvals, as indicated, prior to student visit
- C. Once student observership begins, the sponsoring clinician/designee shall:
1. Assure completion of all required documentation and file in departmentally-determined designated area

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2. Provide student observer with "Student Observer" badge
3. Assure that student observer is accompanied by a JHH or JHU employee at all times while in any clinical area

VI. DOCUMENTATION

Required student observership documentation shall be stored in area designated by each department and shall include:

1. Student Observership Sponsor Form (Appendix A)
2. Confidentiality Pledge for Visitors (Appendix B)
3. Student Observer of Clinical Care Packet (Appendix C):
 - Parental Consent Form
 - Expectations of Behavior
 - Immunization Record
 - Bloodborne Pathogens Overview

VII. EDUCATION AND COMMUNICATION

- A. The Office of Medical Affairs will send notification to clinical department heads to communicate the policy to appropriate staff in their departments.
- B. Important aspects of the policy will be communicated via Medical Staff and Nursing publications.
- C. Functional Unit Directors will inform relevant staff members about this policy.
- D. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the [JHH website](#).

VIII. SUPPORTIVE INFORMATION

See Also/References:

- [JHH HIPAA website](#)
- Johns Hopkins Hospital, Nursing Practice and Organization Manual Vol I
 - [E&R308 Clinical Observations for Students and Visitors](#)
 - [PAS007 Visitors in the Operating Rooms](#)
 - [PME012 Confidentiality Agreements](#)

Sponsor:

- Administrative Committee of the Medical Board


Developers:

- Volunteer Services
- Risk Management
- Office of Medical Affairs

Medical Board - Approval Date:

Effective Date:

Review Cycle - Three (3) years

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IX. SIGNATURES

Draft

Appendix A: Student Observership Sponsor Form

Student Observer Information

Student Observer's Name: _____

Date/s of Observation: _____

Home Address _____

E-Mail Address: _____ Phone No: _____

Name of School: _____ Current Grade: _____

Emergency Contact: _____ Phone No: _____

Sponsoring Clinician Information

Sponsor's Name: _____ Phone: _____

Department: _____ E-mail: _____

Administrator: _____

Description of what the observer will be doing/watching:

Please indicate all other staff members who may supervise the observer in your absence:

Name	E-mail	Extension

Attestation:

The individual listed above is requesting to visit JHH strictly as an observer of medical care for the period of time indicated. I agree to take full responsibility for the actions of the observer and accompany them at all times while on JHH premises. If under exceptional circumstances I cannot be present, an alternative supervisor, formally named on the list above may temporarily substitute.

I agree and understand that the applicant is permitted to observe medical care only and that he/she will have no patient contact. To this end, the observer will be prohibited from engaging in any of the following: speaking with or

Student Observers of Clinical Care Policy

Appendix A: Student Observership Sponsor Form

examining patients, providing opinions about any patient treated at JHH, or writing in patient medical records. When the observer is in the presence of patients, I will formally introduce them as a “student observer” or “observer.”

I agree to provide a safe, engaging, and educational experience for my observer. If necessary, I will provide any additional training associated with patients, hazardous materials, dangerous equipment, or exposure to animals. If the observer fails to comply with the guidelines set forth, I have the right to terminate the observation immediately.

Sponsoring Clinician Signature: _____ Date: _____

For Departmental Administrator Use Only:

- All forms received from student observer and sponsoring clinician**
- Forms reviewed for completeness**
- Student observer issued ID badge # _____**

Appendix C: Student Observer of Clinical Care Packet Parental Consent Form

Dear Parent or Guardian:

Your child/dependent, who is under 18 years of age, has requested to participate in a clinical observership at The Johns Hopkins Hospital. Before they can begin an observership, your consent is required. Please carefully read and sign this consent form.

- I understand that my child/dependent (named below) wishes to observe a Johns Hopkins clinician as they provide medical care to actual patients in a hospital setting.
- I understand that my child/dependent must be at least **16 years of age**.
- I understand that my child/dependent will not receive school credit for the time observing.
- I understand that at no time will my child/dependent be allowed to provide direct patient care.
- I understand that I am responsible for providing proof of my child/dependent's immunization prior to the date of observation.
- I assume full responsibility for any damage to person or property caused by my child/dependent.
- I give The Johns Hopkins Hospital permission to use their best judgment in providing medical treatment to my child/dependent in the event of an emergency.
- I affirm that my child/dependent has health insurance coverage.

Name of Observer (please print): _____

Signature: _____ Date: _____

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

Nature of Relationship: _____

Emergency Contact Number: _____

Appendix C: Student Observer of Clinical Care Packet

Expectations of Behavior

As an observer of clinical care at The Johns Hopkins Hospital, you are expected to behave in a responsible manner. The following are general expectations of behavior. The primary purpose for these guidelines is to protect the hospital community and ensure that you have a rewarding experience as a student observer. Please carefully read and sign this form asserting that you will follow these standards while engaged in clinical observation. If you fail to adhere to these expectations of behavior, your observership may be terminated at the discretion of your sponsoring clinician/designee.

1. You have the responsibility to act professionally and to maintain the confidentiality of any and all patient information including “protected health information.”
2. You have the responsibility to be groomed and dressed appropriately. Attire shall be clean, moderate in style, and appropriate for the work area.
3. You must wear a Visitor’s ID wrist band and a Student Observer badge at all times.
4. You shall have no physical contact with patients.
5. Photography and video recording of any kind are not allowed while on Johns Hopkins property.
6. Smoking is not permitted at any time.
7. Possession of weapons, fireworks, or illegal drugs is not permitted at any time. If such items are found, the matter will be reported to local law enforcement.
8. Any other behavior, which is not outlined specifically above yet compromises the integrity and high standard of excellence of The Johns Hopkins Hospital, will not be tolerated.

I agree to comply with the above expectations of behavior.

Name of Student Observer (please print): _____

Signature: _____ Date: _____

If you are under the age of 18 years old, a parent/guardian signature is required.

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

Appendix C: Student Observer of Clinical Care Packet Immunization Record

The following section must be completed by a physician, nurse, medical office coordinator, or a representative from the school’s health center and signed by a healthcare provider.

Name of Observer:	E-mail:
Address:	Phone: () -
Parent/Legal Guardian:	Phone: () -
School:	Date/s of Observation:
Country of Birth:	Date of Birth:

Student observers of clinical care must comply with the following health requirements:

Immunization Requirement	Vaccination dates:	Documentation attached (Y/N)
1. Two Adult MMR vaccines or documentation of having a positive antibody titer to Rubella, Rubeola, and Mumps		
2. Two Varicella vaccines or documentation of having a positive antibody titer to Varicella Zoster Titer (VZV)		
3. Tdap vaccine (Tetanus, Diphtheria, Pertussis)		
4. Seasonal influenza vaccine (only required between October through May)		
This section only applies to student observers born <u>outside</u> of the U.S.A.		
5. TB screening at least 6 weeks prior to start date. TB screening can be either a PPD skin test or an IGRA (T-spot or Quantiferon blood test) If the TB screening is positive, then a negative chest x-ray is required		

Name:	Phone: () -
Organization/Institution:	Title:
Address:	E-mail:

By signing below, you certify that the information on this form is complete, true, and submitted for the purpose of being granted student observer status.

Signature of healthcare provider: _____

Date: _____

Appendix C: Student Observer of Clinical Care Packet

Bloodborne Pathogens Overview

As an observer of clinical care, there is an inherent risk of exposure to blood and other potentially infectious materials (OPIM). The information in this document provides an overview of bloodborne pathogens (BBPs), how to prevent exposure, and actions to take in the event of exposure. Please sign the back of this form attesting that you have read and understand this information.

OVERVIEW

Bloodborne pathogens can be transmitted when infectious blood or OPIM is introduced into the bloodstream of a person. Transmission of bloodborne pathogens in the workplace can occur through the following routes of transmission:

- Needle sticks/sharps injuries
- Splashes to the mucous membranes (eyes, nose, and mouth) or to non-intact skin.

There are several diseases that are caused by bloodborne pathogens. A few BBPs are fairly common and present a risk to you if you come in direct contact with other potentially infectious materials (OPIM) such as human blood and certain body fluids. The three that are most common are **HIV, Hepatitis B, and Hepatitis C**. There are no vaccines for HIV or Hepatitis C but there is a vaccine for Hepatitis B. This is a series of 3 shots that is given at the initial clinic visit, a month later, and then 6 months later.

HOW TO PREVENT EXPOSURE TO BLOODBORNE PATHOGENS

1. Practice good hand hygiene.
2. Wear Personal Protective Equipment (PPE) as directed by the patient's condition. This may include gloves, goggles, and face shields.
3. Consider all patients and body fluids/blood to be infectious.
4. Remove PPE before leaving the work area.
5. Dispose of all contaminated items into approved medical/infectious waste containers.
6. Dispose of all sharps into an approved sharps container.
7. Needles shall never be recapped, broken, or sheared off.

8. If you have broken glassware, it shall be swept up and placed into a sharps container. Do not directly pick it up with your hands.
9. Unless gloves or other non-sharp items are capable of releasing liquid or dried blood when compressed, they can be disposed of in standard trash containers. When in doubt, dispose of in red bag trash.
10. If you are working in an area where there is a risk of exposure, you should never eat, drink, handle contact lenses, or apply makeup in that area.
11. Food and drink must be stored in separate areas from where blood and body fluids are present. This includes refrigerators.

WHAT TO DO IN THE EVENT OF EXPOSURE

1. Wash the exposed site.
2. Call the 24-hour hot line **5-STIX** (410-955-7849).
3. Inform your sponsoring clinician/designee.
4. **If recommended by your sponsoring clinician/designee**, initiate Post-Exposure Prophylaxis (PEP) for possible HIV exposure **within 1 - 2 hours after exposure** for optimum efficacy.
5. Complete an incident report and report to the injury clinic (Blalock 139).

SIGNATURE

By signing below, I assert that I have read the Bloodborne Pathogen Overview for Student Observers and understand the risks associated with being an observer of clinical care in a hospital setting. I agree to take the recommended precautions to prevent contact with bloodborne pathogens and will follow the hospital's protocol in the event of exposure.

Name of Student Observer: _____

Signature: _____

Date: _____

Name of Sponsoring Clinician: _____

Department: _____